PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificatio		in Block I, by (a	a) specifying a i	new correspondence add	ress; and/or (b) indicating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transmittal	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
23389 7590 12/05/2005 OLP E				\	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
SCULLY SCOTT MURPHY & PRESSER, PC				2	Certificate of Mailing or Transmission		
SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY NY 11530 FEB 2 8 2006				I hereby certify the States Postal Service addressed to the	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
5/HC2E11, 111 11350 (2)				transmitted to the			
03/01/2006 MBEYENE2 00000021 090458 10709963				% /	(Depositor's name)		
01 FC:1501 1400.00 DA			PADENTA			(Signature)	
02 FC:1504 300.00 DA 03 FC:8001 9.00 DA					(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/709,963	06/09/2004	Jochen Beintner		intner	FIS920040005	3962	
TITLE OF INVENTION: RAISED STI PROCESS FOR MULTIPLE GATE OX AND SIDEWALL PROTECTION ON STRAINED SI/SGOI STRUCTURE WITH ELEVATED SOURCE/DRAIN							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/06/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
CHAUDHARI, CHANDRA P		2891		438-300000			
1. Change of correspondence CFR 1:363). Change of correspond Address form PTO/SB/1: Tee Address indicates and the corresponding to th	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be printed. 3 Todd M.C. Li				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (p	print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear I a substitute for	r on the patent. If an ass r filing an assignment.	signee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B)			B) RESIDENCE: (CITY and STATE OR COUNTRY)				
International Business Machines Corporation Armonk, New York							
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the pate	ent): 🔲 Individual 🛱	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee			A check in the amount of the fee(s) is enclosed.				
				ment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies3			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0458/IBM (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above)			,		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and P	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	all not be accepted	i from anvone ot	or to re-apply any previous ther than the applicant; as	ously paid issue fee to the applicate registered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	Strudil			Date	February 10, 2	2006	
Typed or printed nameSteven_Fischman				Registrat	ion No. <u>34,</u> 594	· · · · · · · · · · · · · · · · · · ·	
an annication Confidentiali	ity is governed by 35 U.S.C. oplication form to the USPT(for reducing this burden, shinia 22313-1450. DO NOT S	122 and 37 CFR 1	l IA This collec	tion is estimated to take	by the public which is to file (an 12 minutes to complete, including comments on the amount of the tind Trademark Office, U.S. Dep ESS. SEND TO: Commissioner	ha anthorina neonamina and	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.